



Docket No.: 010-42

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Group Art Unit:	2665
)		
Carleton Sparrell et al.)	Examiner:	Thien D. Tran
)		
Serial No.:	09/603,310)	
)		
Filed:	June 21, 2000)	
)		
For:	WIRELESS TDMA SYSTEM))	
	AND METHOD FOR)	
	NETWORK)	
	COMMUNICATIONS)	
)		

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Carlsbad, California
September 9, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated June 9, 2004, a response to which is due by September 9, 2004, the following amendments and remarks are submitted for the Examiner's consideration.



2665

41

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/603,310
Filing Date	June 21, 2000
First Named Inventor	Carlton Sparrell
Art Unit	2665
Examiner Name	Thien D Tran
Total Number of Pages in This Submission	14
Attorney Docket Number	010-42

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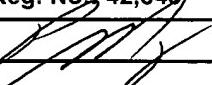
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ENCLOSURES (Check all that apply)

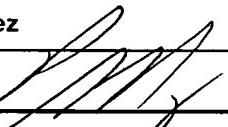
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Dep. Acc. Authorization	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Appendix	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Ext. of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
<p>The Commissioner is hereby authorized to charge any additional fees due in connection with this submission to Deposit Account 50-3143, in the name of Pulse~LINK, Inc.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Peter R. Martinez, Reg. No.: 42,845
Signature	
Date	September 9, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Peter R. Martinez
Signature	
Date	September 9, 2004

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